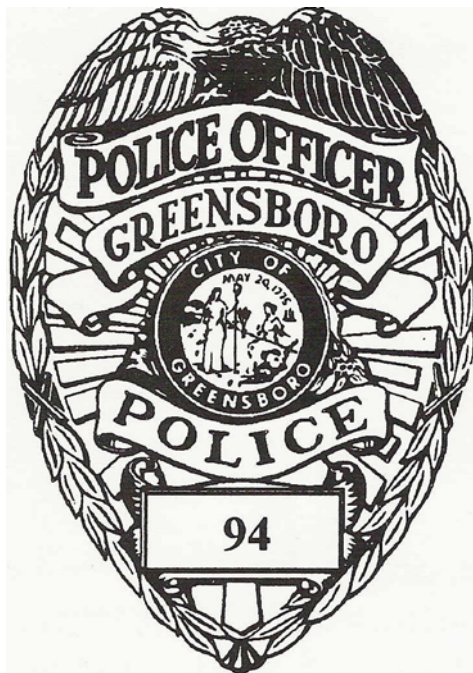


POLICE OFFICER APPLICATION



CITY OF GREENSBORO
NORTH CAROLINA

IMPORTANT

Please ensure this police application packet contains the following:

Employment Procedure and Instructions

Police Officer Application Sheet

Personal History Statement Booklet

Selective Service and Overtime Acknowledgement

Greensboro Police Department Authorization and Release to Obtain
Information Sheet

Height and Weight Standards

Recruitment Questionnaire

Police Officer Brochure

Fair Credit Reporting Notification/Acknowledgement

*If any item is missing, please call 336.373.2460 and ask to speak to a
Personnel Officer.*



Employment Procedure and Instructions

www.greensboro-nc.gov/police



The Police Officer employment process is a four-phase procedure that every applicant must successfully complete. Any phase not completed will result in the application for employment being denied.

PHASE I: Submit Application

Instructions

- Complete the **Police Officer Application Sheet**.
- Complete the **Personal History Statement** booklet. (Once it is completed, make a photocopy of the original and return it along with all other materials.)
- Complete the **Selective Services and Overtime Acknowledgement**.
- Complete the **Greensboro Police Department Authorization and Release to Obtain Information** form.
- Complete the **Recruitment Questionnaire**.
- Complete the **Fair Credit Reporting Notification / Acknowledgment**.

All forms must be legible and a photocopy of the **Personal History Statement** booklet must be included (along with the original) or the application packet will not be accepted. Packets can be submitted in person or by mail to:

**Greensboro Police Department
Division of Resource Management
P.O. Box 3136
300 West Washington Street
Greensboro, NC 27402-3136**

Attention: Personnel Management Supervisor

In addition to the application material included in this folder, we need photocopies (***WE WILL NOT MAKE PHOTOCOPIES FOR YOU***) of the following:

- Birth Certificate
- High School and College Transcript (if unable to obtain immediately, please furnish a copy of your diploma(s) or equivalency certification until transcripts arrive)
- Valid Driver's License
- DD-214 (if you have completed military service)

The copy of the birth certificate and valid driver's license must be submitted with the application packet. If it is necessary to send off for any copies of transcripts or DD-214, do not let this delay submitting your application. Bring any required transcripts, etc. on the day of testing. ***Please ensure that all documents requiring signature have been signed and notarized (if required).***



Employment Procedure and Instructions

www.greensboro-nc.gov/police



PHASE II: Physical / Written Test

Once your application has been properly submitted, a physical and written test to help determine your general suitability for law enforcement employment must be administered. The physical and written test will be held on the same day. The applicant will take the physical abilities test first. The applicant must pass the physical abilities test before taking the written test. Once completed, the written test is graded by a law enforcement psychologist. It is a suitability test that takes an average of 3-4 hours to complete.

A member of the Division of Resource Management will be in contact to schedule you for the testing. Each applicant's height to weight standard will be examined on the day of testing.

If you require special accommodations, please let us know at the time of test scheduling.

PHASE III: Background Investigation / Oral Board Interview

Applicants who successfully complete the written exam will be contacted by a background investigator to schedule a background interview appointment. Also, a member of the Division of Resource Management will contact you to schedule an oral interview.

PHASE IV: Conditional Offer of Employment

Once a background has been completed and an oral interview conducted, then a decision will be made whether to extend a conditional offer of employment. If an offer is extended, it will be contingent on six (6) conditions:

- Successfully completing a polygraph test (*to include information provided by the applicant in the application form such as: financial history, work history, use of alcohol or drugs, criminal conduct, disciplinary actions, medical history, military history, and driving history*)
- Successfully completing an interview with a psychologist
- Successfully completing a medical examination
- Successfully passing a drug test
- Successfully completing a medical questionnaire and assessment
- Successfully completing a respirator fit testing

Once you have successfully completed all conditions, then a final job offer will be given to sit in a Police Basic Introductory Course.

Any misstatement or omission of information, or failure to complete tasks, meet appointments, or follow procedures as directed may subject you to disqualification.



POLICE OFFICER APPLICATION FOR EMPLOYMENT

GREENSBORO POLICE DEPARTMENT
300 WEST WASHINGTON STREET
GREENSBORO, NC 27402



The Greensboro Police Department is an equal employment opportunity / affirmative action employer that does not discriminate on the basis of race, color, national origin, gender, religion, age or disability in employment or the provision of services.

Please print clearly or type this application. Complete all sections accurately to the best of your ability. Your application will be used as a part of the examination process and should reflect your best effort.

Date: _____ Social Security #: _____

Name: _____
Last First Middle

_____ Address City State Zip

Telephone: () _____ () _____ () _____
Home Business Other

Do you have a valid driver's license? Yes _____ No _____

What State? _____ Driver's License Number _____

Note: Data solicited in this block will be utilized for Equal Employment Statistical purposes only.

Ethnic Background

_____ American Indian

_____ Spanish American

_____ Asian American

_____ White

_____ African American

_____ Other

Sex _____ Male

_____ Female



GREENSBORO POLICE DEPARTMENT
AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION



I, _____, authorize the Greensboro Police Department to conduct a personnel background in connection with my application for employment.

This investigation may include information from educational institutions, physicians, and/or medical records, insurance companies, police and/or court records, Department of Motor Vehicle records, listed personal references and/or developed references, previous employers and/or present employer and other appropriate sources. Additionally, this information may include results of background investigations, polygraph examinations, and psychological evaluations, as well as information related to substance abuse.

I authorize the release of any information that the Greensboro Police Department may request from the above sources. I further waive all rights to inspection or review of any information compiled pursuant to my application for employment.

I fully understand all information gained from such investigation is confidential and will be released only to authorized persons in the employment process.

I agree to give any further information which may be required and hereby certify that there are no willful misrepresentations, omissions or falsifications in any of the applications and/or documents furnished for the position and/or answers to questions. I am aware that should an investigation disclose any willful misrepresentation, omissions or falsifications my application may be rejected or, if already employed, my employment terminated.

I hereby release the Greensboro Police Department, Greensboro, North Carolina or any of its agents or representatives and any persons so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information for the investigation made by the Greensboro Police Department.

(Applicant's Signature in full)

State of North Carolina, Guilford County, North Carolina

On this _____ day of _____, 20 _____,
(applicant) _____ whose name is signed to the foregoing instrument personally appeared before me, acknowledges the foregoing signature to be his, and, having been duly sworn by me, made oath that the statements made in the said instrument are true.

_____, 20_____
My Commission Expires

Notary Public and Official Seal



GREENSBORO POLICE DEPARTMENT
Authorization for Release of Personal Information to Law Enforcement
Agencies for Certification / Employment Purposes

Page 1



To Whom It May Concern:

I am an applicant for a position with the Greensboro Police Department. In order to determine my suitability for employment, I understand that the Greensboro Police Department, Greensboro, County of Guilford, North Carolina must make a thorough investigation of my personal records and personal background. It is in the public's best interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I, _____, DOB, _____, Operator's License # _____, do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or health care professional including mental health, alcohol treatment center, hospital or repository of medical records, insurance company, governmental agency, criminal and civil courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the authorized agent of the Greensboro Police Department, Greensboro, County of Guilford, North Carolina regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the Greensboro Police Department, Greensboro, County of Guilford, North Carolina from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my employment with the Greensboro Police Department, Greensboro, County of Guilford, North Carolina. And, I hereby release the issuing agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization request.

I further waive all right to inspect or review any information compiled in reference to my application for certification as allowed by law. I do further authorize the Greensboro Police Department, its agents and employees, to release copies of any and all information to any agency or entity regulating the certification, authority or conduct of law enforcement officers. This is to include, but not limited to: North Carolina Criminal Justice Education and Training Standards Commission, North Carolina Sheriffs' Education and Training Standards Commission, North Carolina Attorney General's Office, agencies of other states and the federal government, and the applicant's / officer's employing agency.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment application or investigative process has been completed, whichever is later.



GREENSBORO POLICE DEPARTMENT
Authorization for Release of Personal Information to Law Enforcement
Agencies for Certification / Employment Purposes

Page 2



A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

(Applicant's Full Name – PRINT)

(Address)

(Applicant's Signature in full)

(City)

(Telephone Number)

(State and Zip Code)

State of North Carolina, Guilford County, North Carolina

On this _____ day of _____, 20 _____,
(applicant) _____ whose name is signed to the
foregoing instrument personally appeared before me, acknowledges the foregoing signature to be
his, and, having been duly sworn by me, made oath that the statements made in the said
instrument are true.

_____, 20_____
My Commission Expires

Notary Public and Official Seal



Greensboro Police Department Notice for Truthfulness



I, _____, am an applicant desiring employment with the City of Greensboro. I understand that the position for which I am applying requires truthfulness throughout the application process. I understand that all answers given during the application process, which includes the application itself and subsequent interviews with the background investigator, will be verified through the use of a polygraph (to include information I provide in the application form such as: financial history, work history, use of alcohol or drugs, criminal conduct, disciplinary actions, medical history, and driving history). Any admissions after the background investigation is completed will be sufficient grounds to eliminate me from the application process. Information not divulged during the application process is also considered untruthfulness. Because of this fact, my failure to disclose information that is later discovered can eliminate me from the application process. I understand that any admissions or statements will be considered in determining my suitability for employment with the City of Greensboro.

In the event that a false statement made in the application process is not discovered until after an applicant is employed, disciplinary action, which may include a recommendation for termination of employment, will be administered.

By signing below, I acknowledge I have read and understand the above statement and certify that all information (both verbal and written), which I have supplied, is true.

STATE OF NORTH CAROLINA

COUNTY OF _____

Subscribed and sworn to before me this the _____ day of _____ 20 ____.

Notary Public and Official Seal

(Applicant – Print full name)

My Commission Expires:

(Applicant's Signature in full)

_____, 20 ____



SELECTIVE SERVICE AND OVERTIME ACKNOWLEDGMENT



MALES AGE 18 THROUGH 25 ONLY

State law prohibits local government from employing anyone who has not complied with Selective Service Registration regulations. Currently, males from the age of 18 through 25 are required to register with the federal government in accordance with the Military Selective Service Act. By your signature below, indicate if you have or have not complied with the requirement.

YES, I have met Selective Service Registration requirement.

Applicant's Signature

NO, I have not met Selective Service Registration requirement.

Applicant's Signature

ACKNOWLEDGMENT OF OVERTIME COMPENSATION POLICY

For those positions subject to the overtime provisions (NON-EXEMPT) of the Fair Labor Standards Act (FLSA), Cit policy is to compensate for overtime hours, whenever possible, by awarding compensatory time (on a 1½ hour compensatory time for one (1) hour overtime basis) as provided by the FLSA. Accumulated compensatory time may be used at the employer's discretion provided reasonable notice is given and provided such use does not unduly disrupt operations. Upon separation from the City (or at any other time at the City's discretion) accumulated overtime compensatory hours will be paid at the employee's current rate of pay.

I understand this policy and agree to accept overtime compensation (if applicable) in this fashion should I be selected for the position for which I am applying.

This _____ day of _____, 20 _____

Social Security Number: _____

Applicant's Signature: _____



RECRUITMENT QUESTIONNAIRE

www.greensboro-nc.gov/police



Applicant Name: _____

1. Where do you currently live?

City _____ State _____

2. Were you actively recruited? Yes _____ No _____

- _____ Spoke with a recruiter at a College Career Fair
_____ Spoke with a Police Personnel Officer
_____ Toured the Department
_____ Spoke with a Greensboro Police Officer or city employee

If so, who recruited you (NAME ONLY ONE)?

_____ Other (explain) _____

3. Did you see or hear advertisements for the Greensboro Police Department from any of the following? (check all that apply)

- _____ Radio (Which station?)
_____ Internet (Which site?)
_____ College Program (Which college?)
_____ Movie Theaters (Which theater?)
_____ Newspaper advertisement (Which newspaper?)
_____ Billboards
_____ WUPN (Channel 45)
_____ The WB (Channel WBFX)
_____ Cable TV (BET, Weather Channel, Lifetime, ESPN 2)
_____ Calendar
_____ Direct mail out
_____ Other advertisement

4. What encouraged you to want to work with Greensboro?



NORTH CAROLINA
CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION
CRIMINAL JUSTICE STANDARDS DIVISION
Telephone: (919) 716-6470

It is the determination of the Commission that these questions are necessary in order to fully and adequately evaluate applicants for law enforcement and criminal justice certification. These questions are designed to ascertain whether the applicant meets the minimum standards for certification and serve no other purpose

PERSONAL HISTORY STATEMENT

NOTE: This form is not designed for use as an initial application for employment and must not be used for that purpose. Rather, the applicant for a **CERTIFIED** position should complete this form prior to beginning his/her background investigation. This form should only be completed by applicants for a Commission-certified position.

**NORTH CAROLINA CRIMINAL
CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION**

Form F-3
(Revised 8/00)

PERSONAL HISTORY STATEMENT

INSTRUCTIONS: Using a typewriter or legibly printing in ink, fill out this form **completely** and **accurately**. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you, indicate by entering N/A in the blank.

NOTE: All statements are subject to verification and any incorrect statements or omissions may bar or remove you from certification. Truthful statements to any item requested will not necessarily exclude you from consideration.

THIS FORM MUST BE NOTARIZED UPON COMPLETION.

Position(s) applied for _____

Agency _____

Month _____

Day _____

Year _____

PERSONAL

1. Name _____
First Middle Last

2. _____
Social Security Number

All Previous Names _____

Nicknames or Aliases _____

3. Present Mailing Address _____
Street & Number City County State Zip Code

Permanent Mailing Address _____
Street & Number City County State Zip Code

Telephone Number: Home: _____ Work: _____

Pager Number: _____ E-Mail Address: _____

4. Date of Birth: _____ 5. Place of Birth: _____

6. Citizenship: ☐ U.S. Born ☐ U.S. Naturalized ☐ Other-Specify: _____

NOTE: Data solicited in this block will be utilized for Equal Employment Statistical information purposes only.

7. Ethnic Background:

☐ American Indian

☐ Spanish American

☐ Asian American

☐ White

☐ African American

☐ Other: _____

8. Sex: ☐ Male ☐ Female

9. Have you previously submitted an application for employment with this agency?

☐ YES ☐ NO Approximate date: _____

EDUCATIONAL

10. Indicate below the schools you have attended. (Include incomplete courses)

Name Address (City and State)	No. Full Yrs. Work Completed	When Attended	Graduated	Degree Awarded	Major Field
A. High Schools					
B. University or Colleges					
C. Extension or Correspondence Courses					

11. If you did not graduate from high school, have you passed the General Education Development (GED) Test?

☐ YES ☐ NO If yes, when and where did you complete the GED?

NOTE: Questions included in the next section are intended to assist in the conducting of a background investigation and are not intended for use by the employing agency as disqualifying factors for employment as a justice officer.

MARITAL

12. Marital Status (Check One) ☐ Single ☐ Married ☐ Divorced
☐ Engaged ☐ Separated ☐ Widowed

13. Name of Spouse _____

14. List all your children, including any adopted or stepchildren:

NAME	BIRTH DATE	RELATIONSHIP	WITH WHOM RESIDES	PHONE NUMBER
(1).				
(2).				
(3).				
(4).				
(5).				
(6).				

FAMILY HISTORY

15. Are you related by blood or marriage to any person(s) now employed by this agency?

☐ YES ☐ NO If yes, give name(s) and details:

16. Is any member(s) of your immediate family now in prison or on either probation or parole?

☐ YES ☐ NO If yes, give name(s) and details:

RESIDENCES

17. List addresses for past 10 years starting with present address at top:

FROM: MO.	YR.	TO: MO.	YR.	ADDRESS OF RESIDENCE (Include COUNTY OF RESIDENCE)	CITY/STATE (Include Zip Code)	LANDLORD

FINANCIAL

18. What income other than salary do you have at present?

19. Are you now supporting all children born to you, adopted by you and stepchildren? ☐ YES ☐ NO If not, give details:

20. Are there persons, other than your spouse and listed children, who are presently dependent upon you for support?

☐ YES ☐ NO If yes, give name and details:

21. Have you ever been sued with a civil judgment being rendered against you?

☐ YES ☐ NO If yes, give details:

22. What is the total amount of all your debts at present? \$ _____

23. What is the average monthly total of all your bills, payments, and current living expenses? \$ _____

24. List credit references, including businesses to which you make monthly payments:

A. _____ Amount Owing _____

Name of Business

Street Address

City and State

B. _____ Amount Owing _____

Name of Business

Street Address

City and State

C. _____ Amount Owing _____

Name of Business

Street Address

City and State

D. _____ Amount Owing _____

Name of Business

Street Address

City and State

E. _____ Amount Owing _____

Name of Business

Street Address

City and State

WORK HISTORY

25. Have you ever been denied employment by a criminal justice agency?

☐ YES ☐ NO If yes, list agency name and give details:

26. If you have ever been discharged or requested to resign from any position because of criminal or personal misconduct or rules violations, give details: _____

27. Do you object to wearing a uniform? ☐ YES ☐ NO

28. Do you object to working nights? ☐ YES ☐ NO

29. Do you object to working rotating shifts? ☐ YES ☐ NO

30. Do you object to occasionally being away from home overnight and for other periods of time attending meetings, acquiring training and otherwise performing official duties? ☐ YES ☐ NO

31. List all jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A. Title of present or last position _____	Starting salary _____	Last salary _____
--	-----------------------	-------------------

Date employed:
Date separated:
Full-time Yrs. Mos.
Part-time Yrs. Mos.
If part-time, number of hours worked per week:

Name and title of supervisor _____	No. employees supervised by you _____
Employer _____	Address _____
Employer's Telephone Number () _____	City _____ State _____ Zip Code _____
Duties: _____	
Reason for leaving: _____	

B. Title of next to last position _____	Starting salary _____	Last salary _____
---	-----------------------	-------------------

Date employed:
Date separated:
Full-time Yrs. Mos.
Part-time Yrs. Mos.
If part-time, number of hours worked per week:

Name and title of supervisor _____	No. employees supervised by you _____
Employer _____	Address _____
Employer's Telephone Number () _____	City _____ State _____ Zip Code _____
Duties: _____	
Reason for leaving: _____	

C. Title of next position _____	Starting salary _____	Last salary _____
---------------------------------	-----------------------	-------------------

Date employed:
Date separated:
Full-time Yrs. Mos.
Part-time Yrs. Mos.
If part-time, number of hours worked per week:

Name and title of supervisor _____	No. employees supervised by you _____
Employer _____	Address _____
Employer's Telephone Number () _____	City _____ State _____ Zip Code _____
Duties: _____	
Reason for leaving: _____	

D. Title of next position _____	Starting salary _____	Last salary _____
---------------------------------	-----------------------	-------------------

Date employed:
Date separated:
Full-time Yrs. Mos.
Part-time Yrs. Mos.
If part-time, number of hours worked per week:

Name and title of supervisor _____	No. employees supervised by you _____
Employer _____	Address _____
Employer's Telephone Number () _____	City _____ State _____ Zip Code _____
Duties: _____	
Reason for leaving: _____	

E. Title of next position _____	Starting salary _____	Last salary _____
---------------------------------	-----------------------	-------------------

Date employed:
Date separated:
Full-time Yrs. Mos.
Part-time Yrs. Mos.
If part-time, number of hours worked per week:

Name and title of supervisor _____	No. employees supervised by you _____
Employer _____	Address _____
Employer's Telephone Number () _____	City _____ State _____ Zip Code _____
Duties: _____	
Reason for leaving: _____	

F. Explain periods of unemployment of three months or more _____

MILITARY SERVICE

32. Were you ever in the U.S. Military Service or any other military organization? ☐ YES ☐ NO

QUESTIONS 33 THROUGH 41 ARE APPLICABLE ONLY TO VETERANS

33. What is your service number? _____

34. What was the highest rank that you held? _____

35. What was the date and location of your first entrance into active duty? _____

Date: _____ Location: _____

36. What were your unit assignments in the service?

BRANCH	UNIT (Company or Ship)	LOCATION	FROM Mo/Yr	TO Mo/Yr

37. What was the date and location of your last discharge from active duty?

Date: _____ Location: _____

38. Was your last discharge honorable? ☐ YES ☐ NO

If no, was it characterized as bad conduct ☐ or dishonorable ☐ ?

39. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, or non judicial punishment (Captain's mast, company punishment, Article 15, etc.), or **any other disciplinary action** while a member of the armed forces?

☐ YES ☐ NO If yes, explain: _____

40. List any disciplinary action taken against you in the National Guard or other reserve unit: _____

41. List all medals and decorations awarded you during your military service: _____

42. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation:

USE OF ALCOHOL OR DRUGS

NOTE: In questions 43, 44, 45 and 46, the words drink or used mean "one time or more, including experimentation." If any answer is yes, give full and complete details. (Attach extra sheets if necessary.)

43. Do you drink alcoholic beverages? ☐ YES ☐ NO If yes, to what degree?

44. Have you ever used marijuana? ☐ YES ☐ NO If yes, what were the circumstances?

When was the last time?

45. Have you ever used any other illegal drugs, including but not limited to, opiates, pills, heroin, cocaine, crack, LSD, etc.?

☐ YES ☐ NO If yes, what were the circumstances?

When was the last time?

46. Have you ever used prescription drugs other than under the supervision of or as prescribed by a physician?

☐ YES ☐ NO If yes, what were the circumstances?

CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

NOTE: Include all offenses other than minor traffic offenses. The following are not minor traffic offenses and must be listed below: DWI, DUI (alcohol or drugs), duty to stop in the event of an accident, driving while license permanently revoked, and speeding at least 15 mph over limit to elude arrest.

Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer "Yes." You should answer "No," **only** if you have never been arrested or charged, or your record was expunged by a judge's court order.

47. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense?

(The term "charged" as used in this question includes being issued a citation or criminal summons.)

☐ YES ☐ NO If "Yes," please give details:

- | | |
|---------------------------|-------------------------------|
| A. Offense charged: _____ | Law Enforcement Agency: _____ |
| Date: _____ | Disposition of Case: _____ |
| B. Offense charged: _____ | Law Enforcement Agency: _____ |
| Date: _____ | Disposition of Case: _____ |
| C. Offense charged: _____ | Law Enforcement Agency: _____ |
| Date: _____ | Disposition of Case: _____ |

(ATTACH EXTRA SHEETS, IF NECESSARY.)

48. Have you ever had a Domestic Violence Protection Order issued against you?
(Include both ex-parte Domestic Violence Protective Orders and those entered subsequent to a hearing.)

☐ Yes ☐ No

Date of Issuance: _____

County of Issuance: _____

Name of Plaintiff: _____

Date of Expiration: _____

49. Under federal law you may be disqualified to receive or possess a firearm if you meet any of the following conditions:

- (a) Currently under Indictment or Information in any court for a crime punishable by imprisonment for a term exceeding one year.
- (b) Have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. A person would not be ineligible under this criteria if the person has been pardoned for the crime or conviction, the crime or conviction has been expunged or set aside, or the person has had their civil rights restored, and under the law where the conviction occurred, the person is not prohibited from receiving or possessing any firearm.
- (c) Are a fugitive from justice.
- (d) Are an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.
- (e) Have been adjudicated mentally defective or have been involuntarily committed to a mental institution.
- (f) Have been discharged from the Armed Forces under dishonorable conditions.
- (g) Are illegally in the United States.
- (h) Have renounced his/her citizenship, having previously been a citizen of the United States.

NOTE: A "crime punishable by imprisonment for a term exceeding one year," as discussed in (a) and (b) above is defined in federal law so as to exclude most misdemeanors in North Carolina.

Based upon the above information, are you disqualified to receive or possess firearms under any of the above provisions of federal law? ☐ YES ☐ NO If yes, explain: _____

50. Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim (domestic violence offense)?

☐ YES

☐ No

Offense Charged: _____

Law Enforcement Agency: _____

Date: _____

Disposition: _____

51. Have you ever been charged with or convicted of a felony? ☐ YES ☐ NO If yes, give details: _____

52. Have you ever been placed on probation? ☐ YES ☐ NO If yes, give details: _____

53. Have you ever been required to pay a fine in excess of \$50.00 (this does not include court costs)?

☐ YES ☐ NO If yes, give details: _____

54. Can you operate a motor vehicle? ☐ YES ☐ NO

55. Do you possess a valid driver's license from the State of North Carolina? ☐ YES ☐ NO

Driver's License Number _____ Year Issued _____

56. Do you possess a driver's license issued by any state other than the State of North Carolina? ☐ YES ☐ NO

If yes, give the state and number: _____

57. Was your license ever suspended or revoked? ☐ YES ☐ NO If yes, state which and give reasons:

58. Was your license ever restored? ☐ YES ☐ NO When? _____

59. Have your driving privileges ever been restricted? ☐ YES ☐ NO If yes, give details: _____

CAREER OBJECTIVES

60. Briefly explain your reasons for applying for this position:

61. List special skills, training, fields or work for which you are licensed, registered, or certified, and hobbies which may be useful in the performance of the duties of the position for which you have applied:

62. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

REFERENCES

63. Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality, and other qualities.

NAME	ADDRESS	TELEPHONE
1)		
2)		
3)		
4)		
5)		

STATE OF NORTH CAROLINA

COUNTY OF _____

I hereby certify that each and every statement made on this form is true and complete and I understand that any misstatement or omissions of information will subject me to disqualification or dismissal. I also acknowledge that I have a continuing duty to update all information contained in this document. I will report to the employing agency and forward to the NC Criminal Justice Education and Training Standards Commission any additional information which occurs after the signing of this document.

This the _____ day of _____, 20 _____

(Signature in full)

Subscribed and sworn to before me,
this the _____ day of _____, 20 _____

Notary Public (Official Seal)

My Commission Expires _____, 20 _____



Fair Credit Reporting Notification / Acknowledgment



Your credit history is an integral part of the employment process with the Greensboro Police Department, as it provides insight into personal attributes such as your level of responsibility, and your ability to manage and plan daily life functions. Although your credit history is only one on many tools used to assess your suitability for employment, it could impact the hiring decision regarding your application.

In conjunction with the Fair Credit Reporting Act, 15 U.S.C. 1681M(A), a copy of any credit report used for employment purposes must be provided to the applicant free of charge. Therefore, credit information, which is made part of your application portfolio, will be provided to you at the time of your background investigation interview. If your application is not forwarded to the background portion of the employment process, a credit report will not be requested and the provisions of this notification do not apply. It is important to recognize that the agency reporting the credit information to the Greensboro Police Department neither approves nor denies your application for employment, but will address inquiries pertaining to the actual report. The following agency is utilized by the Greensboro Police Department to procure credit reports:

Credit Bureau Information Services
225 Commerce Place
P.O. Box 26140
Greensboro, North Carolina 27402
1-800-288-7408 Ext. 3008

Acknowledgment of Notification

I have read and understand the above stated information pertaining to the Fair Credit Reporting Act, and my dated signature below acknowledges the receipt of this information.

Signature

Date

Social Security Number

Note: Return this signed document with your application.

Before submitting your application packet, please ensure the following is included:

_____ Original and a Copy of Personal History Statement Booklet
(Along with the original)

_____ Copy of Valid Driver's License

_____ Copy of Birth Certificate

_____ Photocopy of high school diploma or an official high school transcript. If not included, should be submitted at time of background investigation.

_____ Copy of DD-214, if served in the military. If not enclosed, should be submitted at time of background investigation.

Please turn in the application packet in following order:

1. Police Officer Application Sheet
2. Greensboro Police Department Authorization to Obtain Information
3. Selective Service and Overtime Acknowledgment
4. Recruitment Questionnaire
5. Personal History Statement Booklet
6. Copy of Personal History Statement Booklet
7. Fair Credit Reporting Notification/Acknowledgment

MEMORANDUM

The City of Greensboro Medical Services Division is responsible for assessing potential candidates to the criminal justice system for their fitness to perform the duties essential to those positions. The City of Greensboro has adopted the minimum medical standards as set forth by The North Carolina Criminal Justice Education and Training Standards* Commission.

Candidates are evaluated on a case-by-case basis. The minimum medical screening guidelines include, but are **not** limited to:

Vision

- Corrected vision shall be at least 20/20 (Titmus) for both eyes together, and each eye separately
- Uncorrected vision shall be at least 20/100 (Titmus) in both eyes together, but must correct to 20/20 with glasses or soft contacts
- Color vision deficiency is not acceptable
- Monocular vision is not acceptable

Hearing

- Cumulative loss shall not exceed 100 dB (decibels) at the 500, 1000, 2000, and 3000 Hz (hertz) frequencies in either ear
- Shall not have a combined loss of greater than 160 dB in both ears
- Hearing aids are not acceptable

Body Mass Index (BMI)

- Candidates shall not have a BMI in excess of 30 (*see attachment #1*)
- However, candidates with a BMI greater than 30 may be considered if their body fat composition meets the “good” category based on age (*see attachment #2*)
- To calculate your BMI

$$\frac{\text{Weight (pounds)} \times 703}{\text{Height (in)} \times \text{Height (in)}}$$

Sources:

North Carolina Department of Justice www.ncdoj.com

American Heart Association www.americanheart.org

American Diabetes Association www.diabetes.org

Body Trends www.bodytrends.com

*Medical Standard can be viewed in pdf at:

<http://www.ncdoj.com/DocumentStreamerClient?directory=Publications/&file=Medical%20Manual.pdf>

Body Mass Index Table

Normal							Overweight					Obese										Extreme Obesity																	
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54			
Height (inches)	Body Weight (pounds)																																						
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258			
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267			
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276			
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285			
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295			
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304			
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314			
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324			
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334			
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344			
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354			
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365			
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376			
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386			
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397			
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408			
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420			
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431			
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443			

Source: Adapted from *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report*.

Body Mass Index (BMI) Table

BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
<i>Height</i>	<i>Weight (in pounds)</i>																
4'10" (58")	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167
4'11" (59")	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173
5' (60")	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179
5'1" (61")	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185
5'2" (62")	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191
5'3" (63")	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197
5'4" (64")	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204
5'5" (65")	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210
5'6" (66")	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216
5'7" (67")	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223
5'8" (68")	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230
5'9" (69")	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236
5'10" (70")	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243
5'11" (71")	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250
6' (72")	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258
6'1" (73")	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265
6'2" (74")	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272
6'3" (75")	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279

Source: Evidence Report of Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, 1998.
NIH/National Heart, Lung, and Blood Institute (NHLBI)

MEMORANDUM

To: Police Administration

Date: April 6, 2005

From: Steven Daub, MD
Jenise Bacon, PA-C

Re: BMI Guidelines

The City of Greensboro Police Department Administration has adopted the following guidelines for potential candidates to the police academy.

An ideal candidate for employment with the police department will have a body mass index (BMI) of not greater than 30 based on height and weight.

The candidate with a BMI between 30 and 34 may, however, be allowed to proceed through the selection process, provided that an acceptable BMI is achieved before the start of the pending academy.

Candidates who do not successfully meet the requirements will be invited to reapply for a future academy.